

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90037 020 ***150.00

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1. Entity Name

WOOD YOU OF MIAMI LAKES, INC.



Principal Place of Business

15522-A NW 77TH CT
MIAMI FL 33016

Mailing Address

6056 NW 83RD TERR
PARKLAND FL 33067

2. Principal Place of Business

8750 SW 40th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

33165

DADE

4. FEI Number 65-0916022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWELL, PAUL D
260-A LAWRENCE BLVD. STE. 201
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DRAPER, H W E
STREET ADDRESS 2630 SE C.R. 21B
CITY-ST-ZIP MELROSE FL 32666

TITLE D ☐ Delete
NAME DRAPER, PATRICIA S
STREET ADDRESS 2630 SE CR 21B
CITY-ST-ZIP MELROSE FL 32666

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6056 NW 83rd Terr
CITY-ST-ZIP Parkland, FL 33067

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP Parkland, FL 33067

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/04 954-253-3470